

Health Department, City of Baltimore.

Permit No. 98882 Office of Registration of Vital Statistics. Ward 19⁷

The Physician who attended any person in a last illness, or the Coroner, shall present this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 24

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alice Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

21 Years,

Months,

Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Cantonville Md.

Duration of Residence in the City of Baltimore,

12 years

Place of Death, { Give Street and Number. }

630 Bruce St

Typhoid fever

Cause of Death, { First (Primary),

about 3 weeks

Second (Immediate),

Robert Lucas

M.D.

Medical Attendant.

Place of Burial, St Peter's cemetery

Date of Burial, March 30 1884

{ Undertaker, Geo B. Cook

{ Place of Business, 1003 W Baltimore

Address,

534 W Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

No. 98883

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

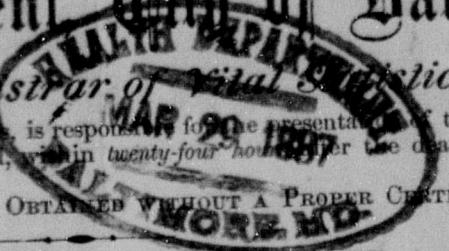
Permit No. 98883

Office of Registrar of Vital Statistics.

Ward 3 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 27-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jachanias Teller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years,

Months,

Days.

Color, White

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation,

Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

25 yrs

Place of Death, { Give Street and Number. }

1650 E Pratt St.

Cause of Death, { First (Primary), Second (Immediate), }

Bright's Disease

Congestion of Kidneys & Exhauſion

About six months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew's Cem.

Date of Burial, March 30th 1887

P. B. Horrman M. D.

Medical Attendant.

Undertaker, Leonhard Ritz

Place of Business, 1114 S. Broadway

Address, 1872 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to LIST of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98884

Office of Registration and Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~within four hours after~~ the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A MORTAL CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann Louise

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 62 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Ireland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

48 years

Duration of Residence in the City of Baltimore,

1629 Cuba St. Louis Point

Place of Death, { Give Street and Number. }

Pneumonia double

Cause of Death, { First (Primary),
Second (Immediate), }

Asphyxia

Duration of Last Sickness,

17 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery.

Ced. B. Buddahohn M. D.

Date of Burial, March 29th 1887

Medical Attendant.

Undertaker, M. A. Day & Son

Address,

Place of Business, 229 S. Bryan

110 S. Pea St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 98885
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98885 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 28th 1887*

Full Name of Deceased, *John J. Finnegan* { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *17* Years, *6* Months, *0* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *None*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give Street and Number. } *old no 198 1/2 Front*

Cause of Death, { First (Primary), *Pneumonia* Second (Immediate), *Exhaustion* }

Duration of Last Sickness, *6 mo*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent's Cemetery*

Date of Burial, *March 30th*

Undertaker, *Evans & Spence*

Place of Business, *1000 E. Balt. St.*

Geo. Reynolds M.D.

Medical Attendant.

711 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

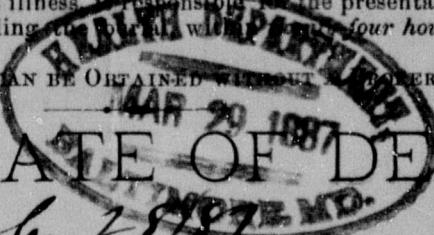
Health Department, City of Baltimore.

Permit No. 98886 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A BURIAL CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 29, 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eliza Fitz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, 11 Months, 0 Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

3 years

Place of Death, { Give Street and Number. }

Pearl & Lexington
Paralysis

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

about 15 years

All the above information should be furnished by the Physician.

Place of Burial, Ground Owned

Date of Burial, March 29

{ Undertaker, Andrew Rohde

{ Place of Business, 730 Penn Ave

J. A. Warner

M. D.

Medical Attendant.

Address, 1123 Valley or

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

Health Department City of Baltimore.

Permit No. 98887

Office of Registrar of Vital Statistics.

Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Elizabeth Goldbeck

Sex, Male or Female, { Cross out the word not } Female

Age, 52 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not } Single

Occupation, Housework

Birth Place, { State or country, and how long in the United States, if of foreign birth } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number } 37 W. Lexington

Cause of Death, { First (Primary), Pneumonia, Inflammation of the lungs, with secondary affection of the heart }
 { Second (Immediate), Paroxysmal

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 28 1887

Undertaker, St. Diessel

Place of Business, 151 S. Bond

Address, 1523 E. Baltimore St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98888 Office of Registrar of Vital Statistics, Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

March 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Malowney

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, stated at

66

Years,

Months,

Days,

Color,

W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

unable to labor for many years

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Limerick Co. Ireland

Duration of Residence in the City of Baltimore,

34 years

Place of Death, { Give street and Number. }

359 Preston

Cause of Death, { First, (Primary). }

very obscure - nervous debility

Second, (Immediate).

Prostration

Duration of Last Sickness, Many months - I attended him 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar 31. 1887

Caleb Winslow M. D.,

Medical Attendant.

Undertaker, Martin Fobey

Address, 924 M'Gullough

Place of Business, 606 Lower Fells St

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department City of Baltimore.

Permit No. 98889

Office of Registrar of Vital Statistics.

Ward 147²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED ~~WITHOUT A VITAL CERTIFICATE.~~

CERTIFICATE OF DEATH.

Date of Death,

March 28, 1887
Patrick Conway

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 77 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), Phthisis & Cystitis }

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, March 30, 1887

Undertaker, Julius Roeller

Medical Attendant.

Place of Business, Sharp St.

Address, 518 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health of Baltimore,

Office of Registration of Vital Statistics.

Permit No. 98890

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH. a

Date of Death, March 28 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Davis

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 84 Years, one Months, ten Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not } required in this line.

Occupation, Retired Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Carroll County Maryland

Duration of Residence in the City of Baltimore, Upwards of 40 years

Place of Death, { Give street and number. } 101028 N Fayette St

Cause of Death, { First, (Primary). } Locomotor Atrophy

Second, (Immediate). General Debility

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Green Mt

Date of Burial, March 30th 1887 James Amitay M.D.,
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, 738 N. Eutaw St Address, N. 14 Plaza

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department City of Baltimore.

Permit No. 98891 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Percy C Gerstmeier

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 1 Years, 4 Months, 17 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 804 Greenmount Ave

Cause of Death, { First (Primary), Acute Bronchitis
Second (Immediate), }

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Mar 30th

{ Undertaker, H. C. Wiedefeld }

{ Place of Business, 916 Greenmount Address, 41 Broadway }

D. W. Mathell

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]